

EXHIBIT E – PART 4

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LADING

BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUCRS060JAX102

Date:

05/10/02

EXPORT REFERENCES

GU585N0190

BOOKING NUMBER

SHIPPER REFERENCE NO.

RV#80791

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. (USA50912)
4835 MENDENHALL

MEMPHIS, TN 38118

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PRPLACE OF RECEIPT
SAN JUAN, PRVESSEL VOY. NO FLAG
CRUSADER 060 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
MEMPHIS, TNFINAL DESTINATION OF GOODS (NOT VESSEL)
MEMPHIS, TN

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU455047 SEAL 1: 026018	1 45HC	STC: 42 PALLETS 2,224 PIECES MEDICAL DEVICES ** TR/DR	20,635	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,035.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
 PO BOX 2002 M00477

CATANO, PR 00962

TAX BOND NO.

BL NO.
 SJUCRS060JAX101

Date:
 05/10/02

EXPORT REFERENCES

BOOKING NUMBER

SHIPPER REFERENCE NO.
 RV#80806

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. (USA50912)
 4835 MENDENHALL

MEMPHIS, TN 38118

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
 SAN JUAN, PR

PLACE OF RECEIPT
 SAN JUAN, PR

VESSEL VOY. NO FLAG
 CRUSADER 060 N UNITED STATES

PORT OF LOADING
 SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
 JACKSONVILLE, FL

PLACE OF DELIVERY
 MEMPHIS, TN

FINAL DESTINATION OF GOODS (NOT VESSEL)
 MEMPHIS, TN

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
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UNIT NO: STRU455064
 SEAL 1: 025943

1 45HC

STC: 45 PALLETS
 2,530 PIECES
 MEDICAL DEVICES
 **
 TR/DR

23,008

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
 Yes ☐ No ☐ Insured Value \$

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REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE
 IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,035.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477
CATANO PR 00962

TAX BOND NO.

BL NO.

SJUHAW215ELZ045

Date:
05/13/02

EXPORT REFERENCES

HU569N0230

BOOKING NUMBER

SHIPPER REFERENCE NO.
RV80807**CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)**

BW MONTGOMERY (USA11111)
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY NY 12549

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

BAXTER HEALTHCARE (USA03930)
C/O SCHNEIDER LOGISTICS
SUGAR GROVE

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL
HAWAIIVOY. NO
215 NFLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT ELIZABETH, NJPLACE OF DELIVERY
MONTGOMERY, NYFINAL DESTINATION OF GOODS (NOT VESSEL)
MONTGOMERY, NY**PARTICULARS FURNISHED BY SHIPPER**

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655414	1 45HC	STC: 46 PALLETS MEDICAL DEVICES ** TR/DR	31,998	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

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A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$

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REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 1,276.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477
CATANO PR 00962

TAX BOND NO.

BL NO.
SJUHAW215ELZ044Date:
05/13/02

EXPORT REFERENCES

HU569N0120

BOOKING NUMBER

SHIPPER REFERENCE NO.
RV80796

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BW MONTGOMERY (USA11111)
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY NY 12549

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

BAXTER HEALTHCARE (USA03930)
C/O SCHNEIDER LOGISTICS
SUGAR GROVE

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL

VOY. NO

FLAG

PORT OF LOADING

HAWAII

215 N

UNITED STATES

SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE

PORT ELIZABETH, NJ

PLACE OF DELIVERY

MONTGOMERY, NY

FINAL DESTINATION OF GOODS (NOT VESSEL)
MONTGOMERY, NY

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS

NO OF PKGS

DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT

MEASUREMENT

UNIT NO: GESU400031

1 45HC

STC:
52 PALLETS
MEDICAL DEVICES
**
TR/DR

11,476

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

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Declared Value \$

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Yes ☐ No ☐ Insured Value \$

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REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND	1	1,136.00	1,136.00
BUNKER SURCHARGE	1	125.00	125.00
PT AUTH FEE	1	15.00	15.00

TOTAL CHARGES: 1,276.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUCRS060JAX109

Date:
05/10/02

EXPORT REFERENCES

GU585N0410

BOOKING NUMBER

SHIPPER REFERENCE NO.
RV#80810**CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)**SF CAPAK DELIVERY (USA11111)
C/O ALLEGIANCE
1951-A FAIRWAY DR.
SAN LEANDRO, CA 94577

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PRPLACE OF RECEIPT
SAN JUAN, PRVESSEL VOY. NO FLAG
CRUSADER 060 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
SAN LEANDRO, CAFINAL DESTINATION OF GOODS (NOT VESSEL)
SAN LEANDRO, CA**PARTICULARS FURNISHED BY SHIPPER**

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU455048 SEAL 1: 25950	1 45HC	STC: 44 PALLETS 2,331 PIECES MEDICAL DEVICES ** TR/DR	26,513	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value

\$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes [] No Insured Value \$

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,838.00	1,838.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,973.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962			TAX BOND NO.		BL NO. SJUHAW215ELZ053	Date: 05/13/02												
			EXPORT REFERENCES HU569N0230			BOOKING NUMBER		SHIPPER REFERENCE NO. RV80812										
			CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC												
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT																
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN														
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY														
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS		NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: UXXU480906		1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR		21,586													
SHIPPER LOAD AND COUNT			FREIGHT COLLECT		COPY NON-NEGOTIABLE													
* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below. A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.			FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554															
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,136.00</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 15.00</td> <td>15.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,136.00	1,136.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 15.00	15.00	TOTAL CHARGES: 1,276.00	
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SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCRS060JAX107	Date: 05/10/02															
		EXPORT REFERENCES GU585N0400																	
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80813															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) LA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 4551 E. PHILADELPHIA ST ONTARIO, CA 91761		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																	
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA		FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA															
PARTICULARS FURNISHED BY SHIPPER																			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT															
UNIT NO: PRMU650083 SEAL 1: 025947	1 45HC	STC: 44 PALLETS 2,120 PIECES MEDICAL DEVICES ** TR/DR	21,025																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE																
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Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.																			
RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.																			
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.																			
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																			
REVISED 2/02		BY _____ SEA STAR LINE, LLC																	
FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">TARIFF ITEM NUMBER</th> <th style="width: 10%;">CHARGES</th> <th style="width: 50%;">TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,726.00</td> <td>1,726.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL CHARGES:</td> <td>1,861.00</td> </tr> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,726.00	1,726.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00	TOTAL CHARGES:		1,861.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																	
OC FRT NORTHBOUND	1 1,726.00	1,726.00																	
BUNKER SURCHARGE	1 125.00	125.00																	
PT AUTH FEE	1 10.00	10.00																	
TOTAL CHARGES:		1,861.00																	

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCRS060JAX115	Date: 05/10/02															
		EXPORT REFERENCES GU585N0420																	
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80814															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) OM OMAHA DC (REL) (USA11111) C/O ALLEGIANCE 4225 S 57TH ST. OMAHA, NE 68117		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																	
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY OMAHA, NE		FINAL DESTINATION OF GOODS (NOT VESSEL) OMAHA, NE															
PARTICULARS FURNISHED BY SHIPPER																			
MARKS AND NUMBERS UNIT NO: NPRU655493 SEAL 1: 025949	NO OF PKGS 1 45HC	DESCRIPTION OF PACKAGES AND GOODS STC: 45 PALLETS 2,008 PIECES MEDICAL DEVICES ** TR/DR		GROSS WEIGHT 21,602															
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		MEASUREMENT COPY NON-NEGOTIABLE															
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small> A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____ Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554																	
<small>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</small> <small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small> <small>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TARIFF ITEM NUMBER</th> <th style="text-align: left;">CHARGES</th> <th style="text-align: left;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,400.00</td> <td>1,400.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> <tr> <td colspan="2">TOTAL CHARGES:</td> <td>1,535.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,400.00	1,400.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00	TOTAL CHARGES:		1,535.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																	
OC FRT NORTHBOUND	1 1,400.00	1,400.00																	
BUNKER SURCHARGE	1 125.00	125.00																	
PT AUTH FEE	1 10.00	10.00																	
TOTAL CHARGES:		1,535.00																	

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962				TAX BOND NO.		BL NO. SJUCRS060JAX103		Date: 05/10/02			
				EXPORT REFERENCES GU585N0450							
				BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80815			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI							
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS							
PIER SAN JUAN, PR				PLACE OF RECEIPT SAN JUAN, PR							
VESSEL CRUSADER		VOY. NO 060 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY MEMPHIS, TN		FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN					
PARTICULARS FURNISHED BY SHIPPER											
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT		MEASUREMENT	
UNIT NO: UXXU481203 SEAL 1: 026090		1 45HC		STC: 40 PALLETS 1,815 PIECES MEDICAL DEVICES ** TR/DR				18,258			
SHIPPER LOAD AND COUNT				FREIGHT COLLECT				COPY NON-NEGOTIABLE			

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. **Ad Valorem** - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$ _____

B. **Insurance Coverage** - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
☐ Yes ☐ No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Signature of Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY _____
SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE
 IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,035.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477
CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUCRS060JAX100

Date:

05/10/02

EXPORT REFERENCES

GU585N0450

BOOKING NUMBER

SHIPPER REFERENCE NO.

RV#80816

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. (USA50912)
4835 MENDENHALL
MEMPHIS, TN 38118

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT
SAN JUAN, PR

VESSEL VOY. NO FLAG
CRUSADER 060 N UNITED STATES

PORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FL

PLACE OF DELIVERY
MEMPHIS, TN

FINAL DESTINATION OF GOODS (NOT VESSEL)
MEMPHIS, TN

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481178 SEAL 1: 026009	1 45HC	STC: 34 PALLET 1,492 PIECES MEDICAL DEVICES ** TR/DR	21,453	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,035.00

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value

\$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes No Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		TAX BOND NO.	BL NO. SJUCRS060JAX117	Date: 05/10/02
		EXPORT REFERENCES GU585N0440		
		BOOKING NUMBER RV80818	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) NO HAMMOND DC (REL) (USA11111) C/O ALLEGIANCE 701 PRIDE DRIVE HAMMOND, LA 70401		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
POINT AND COUNTRY OF ORIGIN				
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY		FINAL DESTINATION OF GOODS (NOT VESSEL)
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT
UNIT NO: NPRU655000 SEAL 1: 025945	1 45HC	STC: 1,672 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: NO HAMMOND DC (REL) C/O ALLEGIANCE HEALTHCARE 701 PRIDE DRIVE HAMMOND, LA 70401		18,756
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>REVISED 2/02 BY _____ SEA STAR LINE, LLC</p>				
FREIGHT PAYABLE AT/BY:		BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
TARIFF ITEM NUMBER	CHARGES		TOTAL	
OC FRT NORTHBOUND	1	1,100.00	1,100.00	
BUNKER SURCHARGE	1	125.00	125.00	
PT AUTH FEE	1	10.00	10.00	
TOTAL CHARGES: 1,235.00				

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO.		BL NO. SJUHAW215ELZ049		Date: 05/13/02	
			EXPORT REFERENCES HU569N0240					
			BOOKING NUMBER				SHIPPER REFERENCE NO. RV80817	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) PO WILSONVILLE DC (USA11111)			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.					
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS					
PIER SAN JUAN, PR			PLACE OF RECEIPT					
VESSEL HAWAII		VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN		
PORT OF DISCHARGE PORT ELIZABETH, NJ			PLACE OF DELIVERY WILSONVILLE, OR		FINAL DESTINATION OF GOODS (NOT VESSEL) - WILSONVILLE, OR			
PARTICULARS FURNISHED BY SHIPPER								
MARKS AND NUMBERS		NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT	
UNIT NO: UXXU481116		1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR			20,099		
SHIPPER LOAD AND COUNT			FREIGHT COLLECT			COPY NON-NEGOTIABLE		
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.</small>								
A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____								
B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____								
<small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> <div style="text-align: right;">Signature of Consignor</div>								
RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID								
REVISED 2/02		BY _____		SEA STAR LINE, LLC		FREIGHT PAYABLE AT/ BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
TARIFF ITEM NUMBER		CHARGES		TOTAL				
OC FRT NORTHBOUND		1		2,900.00		2,900.00		
BUNKER SURCHARGE		1		125.00		125.00		
PT AUTH FEE		1		15.00		15.00		
						TOTAL CHARGES: 3,040.00		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCRS060JAX114	Date: 05/10/02
		EXPORT REFERENCES GU585N0630		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80833
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CI CINCINNATI DC (REL) (USA11111) C/O ALLEGIANCE 5532 SPELLMIRE DRIVE CINCINNATI, OH 45246		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY CINCINNATI, OH		FINAL DESTINATION OF GOODS (NOT VESSEL) CINCINNATI, OH

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481096 SEAL 1: 026001	1 45HC	STC: 46 PALLETS 2,010 PIECES MEDICAL DEVICES ** TR/DR	22,501	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes [] No Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 2,000.00	2,000.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 2 135.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCHA080JAX002	Date: 05/12/02												
		EXPORT REFERENCES GU585N0620														
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80832												
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR														
VESSEL CHALLENGER	VOY. NO 080 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR													
POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL												
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT												
UNIT NO: GESU400463 SEAL 1: 026005	1 45HC	STC: 46 PALLETS 1,757 PIECES MEDICAL DEVICES ** TR/DR		27,511												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE												
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [Yes] No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,250.00</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> </tbody> </table> <p>TOTAL CHARGES: 1,385.00</p>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,250.00	1,250.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
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SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TAX BOND NO.</td> <td style="width:30%;">BL NO. SJUCRS060JAX118</td> <td style="width:40%;">Date: 05/10/02</td> </tr> <tr> <td colspan="3">EXPORT REFERENCES GU585N0610</td> </tr> <tr> <td>BOOKING NUMBER RV80831</td> <td colspan="2">SHIPPER REFERENCE NO.</td> </tr> </table>		TAX BOND NO.	BL NO. SJUCRS060JAX118	Date: 05/10/02	EXPORT REFERENCES GU585N0610			BOOKING NUMBER RV80831	SHIPPER REFERENCE NO.							
TAX BOND NO.	BL NO. SJUCRS060JAX118	Date: 05/10/02																
EXPORT REFERENCES GU585N0610																		
BOOKING NUMBER RV80831	SHIPPER REFERENCE NO.																	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) SL EARTH CITY DC (REL) (USA11111) C/O ALLEGIANCE 13636 LAKE FRONT DRIVE EARTH CITY, MO 63045		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIA ()																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">PIER SAN JUAN, PR</td> <td style="width:70%;">PLACE OF RECEIPT SAN JUAN, PR</td> </tr> </table>		PIER SAN JUAN, PR	PLACE OF RECEIPT SAN JUAN, PR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">VESSEL CRUSADER</td> <td style="width:10%;">VOY. NO 060</td> <td style="width:10%;">FLAG N</td> <td style="width:50%;">PORT OF LOADING SAN JUAN, PR</td> </tr> </table>		VESSEL CRUSADER	VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR									
PIER SAN JUAN, PR	PLACE OF RECEIPT SAN JUAN, PR																	
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PORT OF DISCHARGE JACKSONVILLE, FL	PLACE OF DELIVERY EARTH CITY, MO																	
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT															
UNIT NO: NPRU655253 SEAL 1: 026002	1 45HC	STC: 2,044 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: SL EARTH CITY DC (REL) C/O ALLEGIANCE 13636 LAKE FRONT DRIVE EARTH CITY, MO 63045	24,325															
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE															
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small> A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [Yes] [No] Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">TARIFF ITEM NUMBER</th> <th style="width:20%;">CHARGES</th> <th style="width:40%;">TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,050.00</td> <td>1,050.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL CHARGES: 1,185.00</td> </tr> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,050.00	1,050.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00	TOTAL CHARGES: 1,185.00		
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1 1,050.00	1,050.00																
BUNKER SURCHARGE	1 125.00	125.00																
PT AUTH FEE	1 10.00	10.00																
TOTAL CHARGES: 1,185.00																		

REVISED 2/02

BY _____

SEA STAR LINE, LLC

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962				TAX BOND NO.		BL NO. SJUCRS060JAX113		Date: 05/10/02			
				EXPORT REFERENCES GU585N0640							
				BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80834			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CH CHARLOTTE DC (USA11111) C/O ALLEGIANCE 3031 NEVADA BLVD CHARLOTTE, NC 28273				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.							
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS							
PIER SAN JUAN, PR				PLACE OF RECEIPT SAN JUAN, PR							
VESSEL CRUSADER		VOY. NO 060 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY CHARLOTTE, NC		FINAL DESTINATION OF GOODS (NOT VESSEL) CHARLOTTE, NC					
PARTICULARS FURNISHED BY SHIPPER											
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT		MEASUREMENT	
UNIT NO: NPRU655088 SEAL 1: 026007		1 45HC		STC: 45 PALLETS 1,860 PIECES MEDICAL DEVICES ** TR/DR				28,714			
SHIPPER LOAD AND COUNT				FREIGHT COLLECT				COPY NON-NEGOTIABLE			

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects. Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
 Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 Signature of Consignor _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE
 IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,100.00	1,100.00
BUNKER SURCHARGE	1 0.00	0.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,110.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCRS060JAX112	Date: 05/10/02
		EXPORT REFERENCES GU585N0650		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80835
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) DL GRAND PRAIRE DC (USA11111) C/O ALLEGIANCE 3080 WEST INTERSTATE 20 GRAND PRAIRE, TX 75052		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC. ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY GRAND PRAIRIE, TX		POINT AND COUNTRY OF ORIGIN
		FINAL DESTINATION OF GOODS (NOT VESSEL) GRAND PRAIRIE, TX		
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT MEASUREMENT
UNIT NO: SCSU450375 SEAL 1: 025891	1 45HC	STC: 46 PALLETS 2,374 PIECES MEDICAL DEVICES ** TR/DR		28,130
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below. A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
		TARIFF ITEM NUMBER	CHARGES	TOTAL
		OC FRT NORTHBOUND	1 1,200.00	1,200.00
		BUNKER SURCHARGE	1 125.00	125.00
		PT AUTH FEE	1 10.00	10.00
		TOTAL CHARGES: 1 335.00		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO.		BL NO. SJUCRS060JAX105		Date: 05/10/02		
			EXPORT REFERENCES GU585N0620						
			BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80836		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.						
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.			ALSO NOTIFY, ROUTING OR INSTRUCTIONS						
PIER SAN JUAN, PR			PLACE OF RECEIPT SAN JUAN, PR						
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE JACKSONVILLE, FL			PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL				
PARTICULARS FURNISHED BY SHIPPER									
MARKS AND NUMBERS		NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT	MEASUREMENT	
UNIT NO: STRU455011 SEAL 1: 025894		1 45HC	STC: 50 PALLETS 2,226 PIECES MEDICAL DEVICES ** TR/DR				21,411		
SHIPPER LOAD AND COUNT			FREIGHT COLLECT				COPY NON-NEGOTIABLE		

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A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
☐ Yes ☐ No Insured Value \$ _____

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 Signature of Consignor

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02 BY _____ SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE
 IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00
TOTAL CHARGES:		1,385.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX111	Date: 05/10/02													
		EXPORT REFERENCES GU585N0660														
		BOOKING NUMBER SHIPPER REFERENCE NO. RV#80837														
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) HU-THE WOODLANDS DC (REL) (USA11111) C/O ALLEGIANCE 9201 GROGAN'S MILL RD THE WOODLANDS, TX 77380		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR														
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR													
POINT AND COUNTRY OF ORIGIN		FINAL DESTINATION OF GOODS (NOT VESSEL) WOODLAND, TX														
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WOODLAND, TX														
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS UNIT NO: UXXU481071 SEAL 1: 026004	NO OF PKGS 1 45HC	DESCRIPTION OF PACKAGES AND GOODS STC: 44 PALLETS 2,456 PIECES MEDICAL DEVICES ** TR/DR		GROSS WEIGHT 23,242												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		MEASUREMENT COPY NON-NEGOTIABLE												
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.</small>																
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<small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> Signature of Consignor _____																
<small>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</small> <small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small> <small>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</small>																
FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TARIFF ITEM NUMBER</th> <th style="text-align: left;">CHARGES</th> <th style="text-align: left;">TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,082.00</td> <td>1,082.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,082.00	1,082.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
OC FRT NORTHBOUND	1 1,082.00	1,082.00														
BUNKER SURCHARGE	1 125.00	125.00														
PT AUTH FEE	1 10.00	10.00														
REVISED 2/02		BY _____ SEA STAR LINE, LLC														
TOTAL CHARGES: 1,217.00																

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		TAX BOND NO.	BL NO. SJUCRS060JAX116	Date: 05/10/02
		EXPORT REFERENCES GU585N0670		
		BOOKING NUMBER RV80838		SHIPPER REFERENCE NO.
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MN CHAMPLIN DC (REL) (USA11111) C/O ALLEGIANCE HEALTHCARE 9000 109TH AVE. NORTH CHAMPLIN, MN 55316		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC. 0		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. 0		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY	FINAL DESTINATION OF GOODS (NOT VESSEL)	

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650106 SEAL 1: 026008	1 45HC	STC: 1,672 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: MN CHAMPLIN DC 9000 109TH AVE. NORTH CHAMPLIN, MN 55316	22,368	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of Consignor _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY _____

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,500.00	1,500.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,635.00